

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

03-05

2. STATE

NC

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

April 1, 2003

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a)(30), 1902(n), 1905(a), and 1916 of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 02-03 none

b. FFY 03-04 none

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

29c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

29c

10. SUBJECT OF AMENDMENT:

Deductibles/Coinsurance

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Not Required

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Carmen Hooker Odom

14. TITLE:

Secretary

15. DATE SUBMITTED:

05/07/03

16. RETURN TO:

Office of the Secretary
Department of Health and Human Services
2001 Mail Service Center
Raleigh, North Carolina 27699-2001

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

May 12, 2003

18. DATE APPROVED:

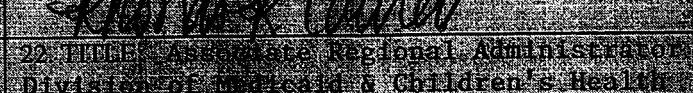
May 22, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:


22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health

21. TYPED NAME:

Rhonda R. Cottrell

23. REMARKS:

Revision: HCFA-PM-93-2 (MB)
MARCH 1993

State: North Carolina

Citation (b) Deductibles/Coinsurance

(1) Medicare Part A and B

1902(a)(30), 1902(n),
1905(a), and 1916 of the Act

ATTACHMENT 4.19-B, Section 24, Page 1
describe the methods and standards for
establishing payment rates for services
covered under Medicare, and/or the
methodology for payment of Medicare
deductible and coinsurance amounts, to the
extent available for each of the following
groups.

Sections 1902
(a)(10)(E)(i) and
1905(p)(3) of the Act

(i) Qualified Medicare Beneficiaries
QMBs

The Medicaid agency pays Medicare Part A and
Part B deductible and coinsurance amounts
for QMBs (subject to any nominal Medicaid
(copayment) for all services available under
Medicare.

1902(a)(10), 1902(a)(30),
and 1905(a) of the Act

(ii) Other Medicaid Recipients

The Medicaid agency pays for Medicaid
services also covered under Medicare and
furnished to recipients entitled to Medicare
(subject to any nominal Medicaid copayment).
For services furnished to individuals who
are described in section 3.2(a)(1)(iv),
payment is made as follows:

42 CFR 431.625

X For the entire range of services
available under Medicare Part 3.

 Only for the amount, duration, and
scope of services otherwise
available under this plan.

1902(a)(10), 1902(a)(30),
1905(a), and 1905(p)
of the Act

(iii) Dual Eligible--QMS Plus

The Medicaid agency pays Medicare
Part A and Part a deductible and coinsurance
amounts for all services available under
Medicare and pays for all Medicaid services
furnished to individuals eligible both as QMBs
and categorically or medically needy (subject
to any nominal Medicaid copayment).